

TITLE VI

**CLASS-SIZE REDUCTION PROGRAM
FEDERAL PROJECT COMPLETION REPORT**

SYSTEM _____

PROJECT NO. _____

DATE OF REPORT _____

PROJECT RECONCILIATION:

- A. Cash Received from State Department of Education for this project \$ _____
- B. Less: Total Expenditures for this project \$ _____
- C. Unused Balance \$ _____

(If refund is applicable, make checks or warrants payable to: TREASURER, STATE OF TENNESSEE)

CERTIFICATION

I hereby certify that the information contained in this project completion report is correct to the best of my knowledge and belief that funds were properly obligated and expended during the approved project operation time period.

Signature of Superintendent

Date Signed

MAIL ORIGINAL AND ONE COPY OF THIS REPORT, with refund check, if applicable, to:

OFFICE OF LOCAL DISBURSEMENTS
6th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0375

**ED1906/5-2002
DEPT ED**

For Carryover Projects Only

Total Grant Award _____

Less Expenditures _____

Total Carryover _____

LINE ITEM EXPLANATIONS

(Attach as many pages as necessary)

Use this page to explain differences between approved line item amounts--including the latest approved amendment--and actual line item expenditures. (To be used when budget and expenditure amounts differ significantly or as necessary.)

FINAL EXPENDITURE AMOUNTS

- 1) **New Teacher Salaries & Benefits** _____
- 2) **Recruitment/Training New Teachers** _____
- 3) **Other Expenses (testing, professional development, etc.)** _____
- 4) **(a) Administration (DO NOT Include indirect cost)** _____
- (b) Indirect Cost Claimed** _____
- Indirect Cost Rate** _____
- 5) **GRAND TOTAL, Project Expenditures** _____

Note: Item 1) and Item 2) expenditures, when totaled, must equal at least 72% of the grant
Item 3) expenditures must not exceed 25% of the grant
Total Item 4(a) and Item 4(b) expenditures must not exceed 3% of the grant